

FLORIDA “PARTNERS IN CARE” 1115 DEMONSTRATION**FACT SHEET**

Name of Section 1115 Demonstration: Partners In Care (PIC)

Date Proposal Submitted: September 5, 2002

Date Proposal Approved: -----

To Be Implemented: -----

SUMMARY

On September 5, 2002, CMS received a demonstration proposal for the above-named program. The project goal is to develop a service model for children with life threatening illness/conditions and their families in which needed care is provided in a cost effective manner and which enhances the quality of life for patients and their families. The demonstration would eliminate the requirement found in the traditional hospice benefit that an individual must be in the final six months of life, and would provide a blend of curative and palliative care and social services to the child and family unit. Individuals could enroll in the demonstration upon physician referral from the provider network currently serving Florida’s special needs children population (Children’s Medical Services Network, or CMSN). An interdisciplinary team of pediatric physicians, specialists, and counselors will manage the care delivered to the child and family.

ELIGIBILITY

Children eligible for the Partners In Care demonstration must meet the following requirements:

- Enrolled in Children’s Medical Services Network;
- Diagnosed with a life-threatening condition;
- At risk of a death event prior to age 21.

BENEFIT PACKAGE

All Medicaid State plan services are provided under this demonstration, along with the following services:

- In-home respite
- Family/caregiver counseling
- Individual counseling
- Group counseling
- Bereavement counseling

- Pain and symptom control consultation
- Hospice in-home nursing
- Hospice in-home personal care
- Volunteer support (a non-reimbursable service)
- Joint collaborative care planning

ENROLLMENT PROCESS

CMSN children will be assessed by the CMSN care coordinator for eligibility for PIC services. The CMSN care coordinator will contact the child's physician after determining potential eligibility for PIC. The physician will determine medical necessity for PIC services, by evaluating whether the child is at risk for a death event prior to age 21 and could benefit from the PIC model. The child's family will then be offered the choice of enrolling in PIC. The family will be contacted by hospice staff to assess what PIC services are needed.

DELIVERY SYSTEM

Reimbursement will be on a fee-for-service basis. An interdisciplinary team comprised of individuals from the CMSN and the local hospice will provide care to the child and family. The PIC model is being piloted in the following eight geographic regions:

- Largo
- Miami
- Fort Meyers
- West Palm Beach
- Jacksonville
- Gainesville
- Orlando
- Pensacola

Each geographic area will enroll a total 15 children into PIC. These children will then be further divided into three cohorts: those at the diagnosis stage of a life-threatening condition; those in the mid-stage living with a life-threatening condition; those children at the end of life (defined as within the last six months of life).

QUALITY ASSURANCE

The following elements are among those that will be monitored by the state on at least an annual basis:

- Program implementation;
- Care coordination process;
- Grievance and complaint log;

- Parent/provider satisfaction;
- Utilization review;
- Referral to PIC;
- Billing procedures.

BUDGET NEUTRALITY

Ongoing technical assistance is being provided by CMS. The state is shifting \$1 million annually from their inpatient hospital and emergency room categories to fund PIC services. These funds will be divided evenly among the eight pilot sites, resulting in \$125,000 per site. Florida has estimated each PIC child will cost approximately \$8500 annually, resulting in 15 children being served per site.

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